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CONFIRMATION NO. 3211

<b>SERIAL NUMBER</b> 10/827,561	<b>FILING OR 371(c) DATE</b> 04/19/2004 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 132.02
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**APPLICANTS**

William L. Stonecipher, Overland Park, KS;

**\*\* CONTINUING DATA \*\*\*\*\***This application is a CIP of 10/004,908 11/02/2001 PAT 6,726,599 **AL****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****NONE** **AL****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY\*\*** **AL****\*\* 06/30/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Examiner's Signature <i>Alma O'Brien</i> Initials <b>AL</b>				

**ADDRESS**

37761

**TITLE**

Open hand gripped exercise device

<b>FILING FEE RECEIVED</b> 446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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